

COMBINED DECLARATION AND POWER OF ATTORNEY IN ORIGINAL APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe that I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EHB PROPORTIONAL SOLENOID VALVE WITH STEPPED GAP ARMATURE

the specification of which:

(check one) xx is attached hereto.

— was filed on _____ as
U.S. Application Serial No. _____
and was amended on _____
(if applicable)

— was filed on _____ as
International Application Serial No. _____
and which designated the U.S.
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent Office information known by me to be material to the patentability of this invention as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States Patent and Trademark Office States provisional application(s) listed below:

60/112, 431	Dec. 16, 1998	60/325,569	Sept. 28, 2001
(Application Serial No.)	(Filing Date)	(Application Serial No.)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose to the Patent Office information known by me to be material to the patentability of this invention as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

09/465,487	Dec. 16, 1999	pending
(Application Serial No.)	(Filing Date)	(patented, pending, abandoned)

I hereby appoint the registered attorney(s) and/or agent(s) associated with the law firm of MacMillan, Sobanski & Todd, LLC, U.S. Patent Office and Trademark Office Customer Number 04859, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith with full power of substitution and revocation, and direct that all correspondence be addressed to Customer Number 04859.



04859

Space for Cust. No. Bar Code Label

Address all telephone calls to Allen W. Inks at (419) 255-5900.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Greg J. KRAWCZYK

Inventor's signature _____ Date _____

Residence _____

Citizenship United States Post Office Address _____

Full name of second inventor Herbert L. LINKNER, JR.

Inventor's signature _____ Date _____

Residence _____

Citizenship United States Post Office Address _____

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